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SERIAL NUMBER 10/617,166	FILING DATE 07/09/2003 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. YEAR102						
APPLICANTS Rourke M. Yeakley, Eagle, ID;										
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 100px;">none EK 28 SEP 2005</div>										
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 100px;">none EK 28 SEP 2005</div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/03/2003										
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none; vertical-align: top;"> Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> </td> <td style="width: 10%; border: none;"></td> <td style="width: 15%; border: none; vertical-align: top;"> STATE OR COUNTRY ID </td> <td style="width: 15%; border: none; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 15%; border: none; vertical-align: top;"> TOTAL CLAIMS 17 </td> <td style="width: 10%; border: none; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div>		STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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ADDRESS FRANK J. DYKAS DYKAS, SHAVER & NIPPER, LLP PO BOX 877 BOISE , ID 83701-0877										
TITLE Pre-dosed oral liquid medication dispensing system										
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit		
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